



Office of the Sheriff

Michael D. Andrews, Sheriff

PISTOL PERMIT APPLICATION

IN ORDER FOR US TO MORE EFFICIENTLY SERVE YOU, AND COMPLETE YOUR APPLICATION IN A TIMELY MANNER, PLEASE READ THE FOLLOWING REQUIREMENTS BEFORE SUBMITTING YOUR APPLICATION FOR A PERMIT.

PLEASE INCLUDE A COPY OF YOUR **NC DRIVER'S LICENSE AND SOCIAL SECURITY CARD.**

PERMITS ARE \$5.00 EACH AND PAYMENT MUST BE MADE AT THE TIME THE APPLICATION IS SUBMITTED FOR PROCESSING. **PAYMENTS ARE CASH ONLY.**

PLEASE MAKE SURE TO **USE BLACK INK** WHEN FILLING OUT THE FORM.

WHILE THE MINIMUM AGE TO OBTAIN A PISTOL PERMIT IN NORTH CAROLINA IS 18, YOU MUST BE 21 IN ORDER TO PURCHASE A PISTOL FROM A FEDERALLY LICENSED FIREARM DEALER.

NOTE: IF YOU ARE A STUDENT AND RESIDE FOR ONLY PART OF THE YEAR IN DURHAM COUNTY, YOU SHOULD OBTAIN A PERMIT TO PURCHASE A HANDGUN FROM THE SHERIFF'S OFFICE IN THE COUNTY OF YOUR LEGAL RESIDENCE.

IF YOU SUBMIT THIS APPLICATION, FURTHER BACKGROUND CHECKS WILL BE CONDUCTED TO SATISFY THE REQUIREMENTS OF GOOD MORAL CHARACTER.

THE SHERIFF WILL REVIEW ANY PRIOR CRIMINAL CHARGES OR CONVICTIONS. IT IS WITHIN THE SHERIFF'S DISCRETION TO DENY OR APPROVE PISTOL PURCHASE PERMITS.

YOU MUST LIST TWO (2) REFERENCES, U.S. CITIZENS OVER THE AGE OF 21, BUT NOT RELATIVES, EACH OF WHOM MUST SIGN THE ATTACHED CHARACTER REFERENCES BEFORE A NOTARY PUBLIC.

YOU MUST RETURN YOUR APPLICATION, (2) NOTARIZED CHARACTER REFERENCES AND YOUR PAID RECEIPT. **ONLY YOU** CAN PICK UP YOUR PERMIT. THIS MAY BE DONE MONDAY THROUGH FRIDAY FROM 8:30A.M. UNTIL 4:30P.M.

NOTE: PLEASE ALLOW 14 DAYS TO PROCESS YOUR APPLICATION.



510 South Dillard Street | P.O. Box 170 | Durham, North Carolina 27702
(919) 560-0905 | Fax (919) 560-0995 | www.dconcc.gov
Equal Employment/Affirmative Action Employer

IT IS YOUR RESPONSIBILITY TO PHONE OUR OFFICE (919) 560-0859 TO SEE IF YOU HAVE BEEN APPROVED. OFFICE HOURS ARE MONDAY THROUGH FRIDAY FROM 8:30A.M. UNTIL 4:30P.M. IN THE EVENT THAT YOUR PERMIT IS APPROVED, WE ASK THAT YOU PICK IT UP WITHIN 30 DAYS OF APPROVAL. **PERMITS NOT PICKED UP AFTER 30 DAYS WILL BE PURGED.** SHOULD YOUR APPLICATION BE DENIED, **THE FEES ARE NON-REFUNDABLE (NO EXCEPTIONS).**

WE INTEND TO SERVE YOU AS PROMPTLY AS POSSIBLE.
THANK YOU FOR YOUR COOPERATION.

MICHAEL D. ANDREWS
SHERIFF OF DURHAM COUNTY



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APPLICATION WILL NOT BE PROCESSED IF ALL BLANKS ARE NOT COMPLETE, IF NOT APPLICABLE WRITE N/A

I, THE UNDERSIGNED HEREBY MAKE APPLICATION FOR A PERMIT TO PURCHASE A PISTOL IN COMPLIANCE WITH ARTICLE 52A, CHAPTER 14, CRIMINAL LAWS OF NORTH CAROLINA

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ETHNICITY: _____ RACE: _____

SEX: _____ AGE: _____ HAIR COLOR: _____ EYE COLOR: _____

HEIGHT: _____ WEIGHT: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY#: _____ DRIVER'S LICENSE#: _____ STATE: _____

CURRENT ADDRESS: _____ COUNTY: _____ CITY: _____ STATE: _____

FORMER ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ CELL PHONE: _____ OCCUPATION: _____

BUSINESS NAME AND ADDRESS: _____ BUSINESS PHONE: _____

- 1 ARE YOU A RESIDENT OF DURHAM COUNTY? ☐ YES ☐ NO
- 2 HAVE YOU EVER LIVED IN ANOTHER STATE? IF YES, WHERE AND WHEN? ☐ YES ☐ NO

- 3 ARE YOU AN ALIEN ILLEGALLY OR UNLAWFULLY IN THE UNITED STATES? ☐ YES ☐ NO
- 4 WERE YOU DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS? ☐ YES ☐ NO
- 5 WERE YOU AT ANY TIME A CITIZEN OF THE UNITED STATES AND RENOUNCED YOUR CITIZENSHIP? ☐ YES ☐ NO
- 6 ARE YOU A FUGITIVE FROM JUSTICE? ☐ YES ☐ NO
- 7 ARE YOU AN UNLAWFUL USER OF, OR ADDICTED TO MARIJUANA OR ANY DEPRESSANT, STIMULANT OR NARCOTIC DRUG? ☐ YES ☐ NO
- 8 HAVE YOU BEEN ADJUDICATED MENTALLY INCOMPETENT OR BEEN COMMITTED TO A MENTAL INSTITUTION? ☐ YES ☐ NO
- 9 HAVE YOUR FIREARMS RIGHTS BEEN RESTORED? IF YES, PLEASE ATTACH DOCUMENTATION. ☐ YES ☐ NO
- 10 ARE YOU UNDER INDICTMENT ON INFORMATION IN ANY STATE OR IN A COURT OF THE UNITED STATES FOR A FELONY? ☐ YES ☐ NO



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11 HAVE YOU BEEN CONVICTED IN ANY STATE, OR IN ANY COURT OF THE UNITED STATES OF A FELONY?
IF YES, WHEN DID THIS OCCUR? IN WHAT COURT? FOR WHAT CRIME?

☐ YES ☐ NO

12 WERE YOU PARDONED FOR THAT FELONY? IF YES, PLEASE ATTACH DOCUMENTATION.

☐ YES ☐ NO

13 ARE YOU SUBJECT TO A COURT ORDER THAT WAS ISSUED AFTER A HEARING OF WHICH YOU RECEIVED ACTUAL NOTICE AND AT WHICH YOU HAD AN OPPORTUNITY TO PARTICIPATE, WHICH RESTRAINS YOU FROM ACTS OR THREATS OF DOMESTIC VIOLENCE INCLUDING HARASSING, STALKING, THREATENING, ETC., AND WHICH INCLUDES A FINDING THAT YOU REPRESENT A THREAT TO AN INTIMATE PARTNER OR CHILD?
IF YES, IN WHAT COUNTY IS THAT MATTER PENDING AND WHAT IS THE CASE FILE NUMBER?

☐ YES ☐ NO

14 WHY DO YOU NEED A PISTOL?

PAYMENT OF \$5.00 PER PERMIT IS REQUIRED AT THE TIME THE APPLICATION IS SUBMITTED. THE EXACT AMOUNT IS REQUIRED IN CASH ONLY. WE ARE UNABLE TO MAKE CHANGE. PERMITS MAY BE PICKED UP BETWEEN 8:30AM AND 4:30PM, MONDAY THROUGH FRIDAY.

FEES ARE NON-REFUNDABLE (NO EXCEPTIONS)

PLEASE DO NOT SIGN YOUR APPLICATION UNTIL YOU ARE IN FRONT OF THE RECORDS ASSISTANT.

I, HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

EXECUTED AND SIGNED IN THE COUNTY OF DURHAM, ON THE _____ DAY OF _____, _____

SIGNATURE: _____



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Michael D. Andrews, Sheriff

CHARACTER REFERENCE

REFERENCE NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
APPLICANT'S NAME: _____

PLEASE TAKE THE TIME TO ASSIST US BY ANSWERING THESE QUESTIONS FOR THE PISTOL PURCHASE PERMITEE. YOUR SIGNATURE AND THE SIGNATURE OF A NOTARY ARE REQUIRED TO COMPLETE THIS FORM. WE APPRECIATE YOUR QUICK RESPONSE AS THIS HELPS US TO BETTER SERVE OUR CUSTOMERS.

HOW DO YOU KNOW THE APPLICANT?

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DO YOU HAVE KNOWLEDGE OF THEIR INVOLVEMENT IN ANY INSTANCES OF:

ALCOHOL ABUSE	_____	DOMESTIC VIOLENCE	_____
SUBSTANCE ABUSE	_____	MENTAL ILLNESS	_____

GIVE A BRIEF DESCRIPTION OF HIS/HER CHARACTER:

THIS THE _____ DAY OF _____, 20 _____.

SIGNATURE

STATE OF NORTH CAROLINA

PRINTED NAME

COUNTY OF _____

SWORN AND SUBSCRIBED BEFORE ME, THIS THE _____ DAY OF _____, 20 _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

SEAL



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CHARACTER REFERENCE

REFERENCE NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
APPLICANT'S NAME: _____

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SUBSTANCE ABUSE	_____	MENTAL ILLNESS	_____

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THIS THE _____ DAY OF _____, 20 _____.

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PRINTED NAME

COUNTY OF _____

SWORN AND SUBSCRIBED BEFORE ME, THIS THE _____ DAY OF _____, 20 _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

SEAL



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SUPPLEMENTAL QUESTIONS FOR PISTOL PERMIT APPLICATION

PROHIBITIONS ARE APPLICABLE TO CERTAIN ALIENS. FEDERAL LAW MAKES IT UNLAWFUL FOR ALIENS WHO ARE ILLEGALLY OR UNLAWFULLY IN THE UNITED STATES TO RECEIVE OR POSSESS FIREARMS. IN ADDITION, SUBJECT TO CERTAIN EXEMPTIONS, ALIENS WHO ARE IN A NON-IMMIGRANT STATUS ARE PROHIBITED FROM POSSESSING OR RECEIVING FIREARMS IN THE UNITED STATES.

A NON-IMMIGRANT ALIEN IS NOT SUBJECT TO THIS PROHIBITION IF THE ALIEN:

- 1) IS IN POSSESSION OF A VALID HUNTING LICENSE OR PERMIT LAWFULLY ISSUED IN THE UNITED STATES.*
- 2) IS AN OFFICIAL REPRESENTATIVE OF A FOREIGN GOVERNMENT WHO IS ACCREDITED TO THE UNITED STATES GOVERNMENT OR HIS OR HER GOVERNMENT'S MISSION TO AN INTERNATIONAL ORGANIZATION HAVING ITS HEADQUARTERS IN THE UNITED STATES; OR*
- 3) HAS RECEIVED A WAIVER FROM THE PROHIBITION FROM THE ATTORNEY GENERAL OF THE UNITED STATES.*

SEE 18 USC 922(y)(2) FOR ADDITIONAL EXCEPTIONS. IN ORDER TO DETERMINE WHETHER APPLICANTS WHO ARE NOT U.S. CITIZENS ARE PROHIBITED FROM POSSESSING FIREARMS UNDER FEDERAL LAW, IT IS NECESSARY TO OBTAIN ANSWERS TO THE FOLLOWING QUESTIONS:

1. NAME: _____
2. ARE YOU A CITIZEN OF THE UNITED STATES? ☐ Yes ☐ No
IF THE ANSWER TO QUESTION 2 IS "YES", THERE IS NO NEED TO ANSWER QUESTIONS 3-9. GO DIRECTLY TO THE CERTIFICATION STATEMENT IN QUESTION 10.
3. WHAT IS YOUR COUNTRY OF CITIZENSHIP? LIST MORE THAN ONE IF APPLICABLE.

4. WHAT IS YOUR PLACE OF BIRTH? (CITY AND COUNTRY) _____
5. WHAT IS YOUR INS-ISSUED ALIEN NUMBER OR ADMISSION NUMBER?

6. ARE YOU AN ALIEN ILLEGALLY IN THE UNITED STATES? ☐ Yes ☐ No
7. ARE YOU A NON-IMMIGRANT ALIEN? ☐ Yes ☐ No
8. DO YOU FALL WITHIN ANY OF THE EXEMPTIONS TO THE NONIMMIGRANT ALIEN PROHIBITIONS SET FORTH IN 18 USC 922(y)? ☐ Yes ☐ No
9. IF YOU ANSWERED "YES" TO QUESTION 8, UNDER WHICH EXEMPTION DO YOU FALL? (PLEASE ATTACH DOCUMENTATION TO SUPPORT YOUR ENTITLEMENT TO THE CLAIMED EXEMPTION, IF APPLICABLE.)

10. **I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

SIGNATURE OF APPLICANT

DATE



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**** DO NOT WRITE BELOW THIS LINE FOR AGENCY USE ONLY ****

RECEIVED BY: _____ DATE: _____

RECEIPT #: _____ # OF PERMITS REQUESTED: _____

LOGGED IN BY: _____ DATE: _____ PERMIT #: _____

DCI/NCIC BY: _____ DATE: _____ NTN #: _____

APPROVED BY: _____ DATE: _____ PERMIT #: _____

DENIED BY: _____ DATE: _____

REASON:

REVOCATION BY: _____ DATE: _____